FAIGHTAFFE	Hective October	1, 2000			091	8	1114	5	
CLAIM	S AS FILED - PA (Column 1)	IRT I (Colum	m 2)	SMALL E		OR .	OTHER SMALL		1
TOTAL CLAIMS	25.			RATE	FEE		RATE	/FEE	
FOR 06 25 0	NAMES FILE	ED NUMBE	RETTRA	BASIC FE	355.00	OR	MSIC FEE	710.00	
TOTAL CHARGEABLE CLA	MS 25 minus	20- 5		X\$ 9=		OR	X\$18=	90.	İ
INDEPENDENT CLAIMS 6 minus 3 =		3- 3	. 3		•	OR	X80=	240	
MINITIPLE DEPENDENT CLAIM PRESENT						OR	+270=`	. •	
* If the difference in column 1 is less than zero, enter "O" in column 2					 	OR	TOTAL	.Od	
DI 24 05 (Column 1) (Column 2) (Column 3)					ENTITY	OR	OTHER	THAN	
Comment of the contract of the	រាំ-1) 28	induces:	(Column 3)		ADDI:			ADDI-	ł
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PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						OR	+270=	1	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						OR.	+270=		2
				+135°		OR	TOTAL		乜
13/01/16 (Colum	-m 43	(Column 2)	(Column 3)	ADDIT. FE	E t	J - · ·	ADDIT. FEE		4
C CAL RÉMAI E AFT	MS NENG ER	NUMBER NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		PATE	ADDI- TIONAL FEE	.]
les l'Indoi	Minus	PAID FOR	.0	X\$ 9=	-FEE_	OR	X\$18=	7.	1
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Application or Docket Number